



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Village Pantry # 5636	Telephone Number 765-674-7040	Date of Inspection (mm/dd/yr) 7-31-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 6296 E 500 S GAS city	() Owner	Follow-up NO	Release Date 8-9-19
Owner Village Pantry LLC	Purpose: 1. Routine	Summary of Violations: C ___ NC ___ R ___	
Owner's Address 8565 MAGELLAN PKWY ste 400	2. Follow-up	Menu Type (See back of page)	
Person in Charge LISA HAMILTON	3. Complaint	1 X 2 3 4 5	
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler SCOTT EMMER exp 9-2023	5. Temporary		
	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			- No Violations at this Inspection	

Received by (name and title printed): LISA HAMILTON	Inspected by (name and title printed): Ryan Carr - FSDO
Received by (signature): <i>Lisa Hamilton</i>	Inspected by (signature): <i>Ryan Carr</i> FSDO
cc:	cc: